

**Legal Aid Ontario's Quality Assurance Program for
Clinics and Student Legal Aid Service Societies**

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I. Introduction	1
II. The Current QA Program	2
a) Quality Supports and Assistance.....	2
b) Clinic Reviews	3
c) QA Program Findings and Follow-up.....	4
d) Developing Quality Initiatives for Student Legal Aid Services Societies	5
III. The QAP 2002 Project.....	5
IV. Developing a Quality Vision for LAO.....	6
V. Conclusion.....	6

I. Introduction

The Quality Assurance Program was established in 1996 to work with Ontario's community legal clinics, which at that time were overseen by the Law Society of Upper Canada's Clinic Funding Committee. Community legal clinics are independent corporate entities, governed by community boards elected by each clinic's general membership. Clinics receive funding from Legal Aid Ontario (LAO), and report annually on the services that they provide to their communities. They offer a range of poverty law services, including summary advice, legal representation, public legal education, law reform and community development.

In 1999, the *Legal Aid Services Act 1998 (LASA)*, was proclaimed. LASA created LAO and established a governance framework for all legal aid services in the province, including clinics. The QA Program became a department within LAO, and continued to work with the clinic system. The QA Program has now done baseline reviews of all 70 clinics that existed in 1996, and has developed a wide range of clinic supports, including information bulletins, better practices, a policy precedent distribution system, informal peer mentoring, and the provision of general quality advice. The QA Program is now engaged in the QAP 2002 Project, which involves reviewing and improving the clinic program. For a more detailed description of the history and initial development of the QA Program for clinics, please see Appendix A.

Since its creation in 1999, LAO has demonstrated a strong commitment to improving and supporting quality. An integral component of LAO's vision is to achieve excellence in accessibility and quality of client services. Its legislative mandate includes promoting access to justice for low-income individuals by providing high quality legal aid services in a cost-effective and efficient manner. Subsection 92(1) of LASA requires LAO to establish a quality assurance program to ensure that it is achieving that mandate. To that end, the development of LAO-wide quality assurance initiatives is a key corporate priority. In addition to the existing QA Program, the Quality Support Project (QSP) was launched in early 2002. The QSP and the QA Program are working in concert. While the QSP is leading the development of a number of new quality initiatives across LAO, the QA Program is developing a "second generation" quality assurance program for clinics (known as the QAP 2002 Project) and a quality program for Student Legal Aid Services Societies (SLASSs), which are operated through Ontario's 6 faculties of law. QSP and the QA Program are also working together on a number of quality initiatives involving other legal aid service providers.

II. The Current QA Program

The QA Program's current staff complement is: an Interim Director who is a lawyer, two full-time reviewers and one part-time reviewer, who are lawyers, an office manager and an editor. QA Program staff are members of a wide range of LAO and LAO/Clinic committees, including the Clinic Support Services Committee, which has representatives from the Clinic Services Office, and LAO's Information Technology, Facilities and Human Resources Departments. These committees help to ensure that information and ideas are shared, that connections between individuals and departments are maintained, and that LAO has a consistent approach to supporting the clinics. The QA Program Director also works closely with the other clinic division managers. The Vice President of Clinics and Special Services chairs regular meetings among the Directors of the QA Program, the Clinic Services Office, the Clinic Resource Office and the project lead for LAO's upcoming clinical law conference, to share information about clinic issues, discuss initiatives that will support the clinic system, and address systemic issues.

The QA Program also receives advice and assistance from the Quality Assurance Steering Committee, which is made up of representatives from the clinic system. The Committee provides guidance to the QA Program Director on quality initiatives and policy issues, and facilitates communication and consultation with the clinic system. The QA Program Steering Committee has had input into the development of better practices, and into the Program's Accountability Standards and Critical Criteria Policy, which are discussed in greater detail below. The QA Program Steering Committee has also played an important role in facilitating consultations with the clinic system for the QAP 2002 Project.

The QA Program currently consists of two complementary functions: providing support and assistance, and conducting reviews. The details of these functions are outlined below.

a) Quality Supports and Assistance

- **Better Practices:** The development of better practices, such as retainers, client authorizations, complaint policies and forms, supervision policies, file review checklists, and file opening and closing checklists. QA Program staff develop better practices by incorporating the best provisions from clinic policies and procedures, as well as from external sources, into one document. Better practices are carefully drafted to ensure consistency with LAO's clinic

policies, relevant legislation and the Rules of Professional Conduct. A complete list of better practices is contained at Appendix B.

- **Electronic Bulletins:** Distribution of electronic bulletins that provide clinics with information and resources to improve their services to clients and their overall management. Some bulletins provide general information on legal issues relevant to clinic management and professional obligations. A complete index of bulletins is contained at Appendix C.
- **Precedent Distribution:** Gathering and reviewing precedents of clinic policies and distributing examples of good policies to clinics and SLASSs on request. The QA Program, in consultation with the Clinic Services Office has also developed a policy kit that includes samples of policies required of clinics under their funding agreement with LAO. A list of precedents available to clinics and SLASSs through the QA Program is contained at Appendix D.
- **Quality Resource:** Increasingly, clinics contact the QA Program for general advice on a variety of quality issues, such as how to deal with conflicts of interest, legislative requirements, and the standard of care for summary advice.
- **Peer Mentoring:** QA Program staff informally refer clinic board and staff who need mentoring or advice to other individuals who have been identified as having expertise.
- **Systemic Issues:** During clinic site visits, the QA Program frequently identifies systemic issues faced by clinics. The QA Program Director prepares periodic reports for LAO management and the clinic system outlining systemic issues and strategies for addressing them. The QA Program Director is a member of LAO's Clinic Support Services Committee, which meets quarterly to share information about clinic issues and to ensure that LAO brings a co-ordinated approach to supporting the clinic system.
- **Quality Assurance Program/Quality Support Project Joint Web Page:** A joint web page will be launched in the summer of 2002. The web page will make it easy for clinics, SLASSs and other LAO service providers to access quality resource materials such as bulletins, better practices and precedent materials. The web page will also facilitate communication between LAO and service providers by providing a forum for posting consultation documents for comment, and other information relating to LAO's quality initiatives.

b) Clinic Reviews

The current clinic review process, which has been used to establish a base line for clinic quality, is comprehensive in both its scope and its depth. There are 9 quality dimensions that cover the entire range of a clinic's operation, including Board Governance, Overall Management, Program Planning, Internal and

External Communications, and Service Delivery. One quality dimension focuses exclusively on specialty clinics. Under each quality dimension, there are numerous criteria, which establish standards for quality. Each criterion has several indicators, which assist QA Program reviewers in measuring whether a clinic is meeting the standards. The QA Program's criteria and indicators for clinics are attached as Appendix E.

As a result of the comprehensive nature of the process, clinic site visits are lengthy, usually lasting 5 days, and sometimes involving 2 or more reviewers. QA Program staff interview all staff members, 2 board members and several individuals external to the clinic, including a former client and a representative from a community agency. QA Program reviewers also review all of the clinic's policies and procedures, its by-laws, and board, committee and staff meeting minutes. In addition, they review a selection of intake records, community development files and client files. Site visit reports are comprehensive. They outline and discuss the QA Program Reviewer's findings, including whether the clinic is meeting the criteria and indicators, and contain many commendations and recommendations.

In 2000, the clinic review process was revised to address some of the concerns about the length of time required to write QA reports. Reviewers now carry out a comprehensive debriefing session with st\\cfss1\qapdata\1-QapData\QAP\Assoc. Legal Aid Plans Paper\FINAL VERSION JULY 26 02.doc\cfss1\qapdata\1-QapData\QAP\Assoc. Legal Aid Plans Paper\FINAL VERSION JULY 26 02.doc and sometimes board members at the end of the site visit. Reviewers also send clinics a detailed reporting letter within 10 working days of the site visit, outlining their major findings, commendations, and recommendations for improvements that the clinic can begin implementing immediately. However, the underlying reasons for the lengthy review and reporting process are only now being addressed through the QAP 2002 Project, discussed below.

Clinics are surveyed after the site visit and after receiving their reports in order to assess the quality of the review, the administrative burdens created by the process, the conduct of the reviewers, and the usefulness of the reports.

c) QA Program Findings and Follow-up

The LAO Board approved Accountability Standards in 2000 which set out the types of reports the QA Program Director is to provide, as well as the circumstances in which individual clinic reports will be given to LAO's management and board. The Accountability Standards are contained at Appendix F, and the Critical Criteria are contained Appendix G.

Pursuant to the Accountability Standards, QA Program Director prepares annual status reports. The most recent report, dated December 2001, identifies trends, frequently made recommendations, clinic strengths and weaknesses, and systemic issues. An executive summary of the report is attached as Appendix H.

In addition to annual status reports, the QA Program follows up on whether the recommendations it makes to individual clinics have been implemented. This is done through periodic surveys, which ask clinics to indicate whether recommendations have been implemented, partially implemented or not implemented, and to give reasons for non-implementation. The results of these surveys are now being analysed to determine the overall level of implementation, and to identify systemic and other reasons for non-implementation.

d) Developing Quality Initiatives for Student Legal Aid Services Societies

Legal Aid Ontario's 2002-3 Business Plan identifies the continued development of LAO-wide quality initiatives as a key corporate initiative to support the continuous improvement of all of our core businesses. One of our quality-related priorities is to develop quality initiatives for the SLASSs, including quality criteria, indicators and a review tool.

The QA Program has been working with the SLASSs to design a quality program. In addition to providing supports, including precedents and bulletins, a draft review tool has been prepared. It was used during a test site visit at the University of Western Ontario's SLASS in June 2002. Based on input from the SLASSs and other departments within LAO, the review tool will be fine-tuned, and then used to review the 5 remaining SLASSs between November 2002 and March 2003. These reviews will provide a baseline for understanding quality issues in the SLASSs, as well as information needed to design additional supports and resource materials to assist the SLASSs in improving their services. A copy of the draft review tool is contained at Appendix I.

III. The QAP 2002 Project

Legal Aid Ontario's 2002-3 Business Plan identifies the development of a more streamlined second-generation quality assurance program for clinics as a key priority. As well, completing site visits of the entire clinic system has been an impetus for asking the question "What should the QA Program do next?" These two factors have resulted in the establishment of the QAP 2002 Project, the purpose of which is to identify ways to improve and streamline the QA Program. The QAP 2002 Project's Terms of Reference are contained at Appendix J.

The first phase of QAP 2002 has involved information gathering and consultation. The QA Program has consulted with the clinic system, and is reviewing quality programs and processes in other jurisdictions and sectors. We are now organizing a quality visioning session within LAO, which will be discussed in more detail below.

In order to get input from the clinic system, focus groups have been held throughout the province, as well as with the specialty clinics and unionized clinic management. These consultations included staff working in all positions within clinics, as well as board members. Several areas of consensus are emerging such as the need to streamline the review and reporting process and the value clinics place on the personal contact between QA Program reviewers and clinic board members and staff that occurs during site visits. A summary of the clinic focus group results is contained at Appendix K.

IV. Developing a Quality Vision for LAO

The next phase of the QAP 2002 Project will involve holding a quality visioning session within LAO. The purpose of the visioning session is to explore questions such as:

- What does quality mean to LAO, our stakeholders and our clients?
- How do we ensure accountability for quality?
- What are our expectations about the role and functions of a quality assurance program? What are our expectations of our service providers regarding quality?

Our goal is to emerge from the session with a shared vision of quality, including how to support quality and how to create accountability for quality. This vision will guide us as we continue to develop quality initiatives for all of our service providers, including clinics and SLASSs.

V. Conclusion

This is a time of change, renewal and innovation for LAO's quality initiatives. We are striving to fulfil our vision of excellence in client service, and to achieve our statutory mandate to ensure legal aid services are provided in a cost effective and efficient manner. Ultimately, the goal of any quality program is to ensure legal aid clients obtain high quality legal services and that legal aid service providers are accountable for the use of public funds. We are excited about the future, and

are confident that working together with our stakeholders, we will achieve that goal.